

# Sub-grant Application Cover Sheet

Virginia Department of Social Services 7 North Eighth Street Richmond, Virginia 23219

Request for Application Number GFSA-0602

Sub-grant Program:			
Applicant:			
Address:			
Applicant Federal ID Number:			
Jurisdiction(s) Served:			
Program Title:			
Sub-grant Period:			
Type of Application:	<input type="checkbox"/> New <input type="checkbox"/> Continuation of Sub-grant Number: _____ <input type="checkbox"/> Revision of Sub-grant Number: _____		
<b>Project Director                      Project Administrator                      Finance Officer</b>			
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-mail:			
Signature of Project Administrator/Director:			
<b>Project Budget Summary</b>			
<b>VDSS Funds</b>	<b>Match, if required</b>	<b>Grand Total</b>	
\$	\$	\$	